



MGF Grant Application
EXE 6.1.1C FORM

Eligibility

Does the organization hold a license or registration regulated by the Department of Savings and Mortgage Lending other than an auxiliary mortgage loan activity company license issued under Finance Code Chapter 156?

Will any of the funds be used to create a new company or business venture?

Will any of the funds be used to pay tuition or other expenses for a staff member to attend college or professional school?

Will any of the funds be used to administer or deliver the program to persons who do not reside in Texas?

Will the organization require the entire grant amount requested to sustain the program or business operations?

Will any of the funds be used to purchase capital expenditures (e.g. real estate, or any item with a useful life of more than one year and valued over \$5,000)?

Does the organization object to or anticipate issues complying with the reporting requirements listed in the Mortgage Grant Administration Manual?

In the past ten years, has any state or federal regulatory authority ever found that the organization violated state or federal Equal Employment Opportunity laws?

Will any of the funds be used to support programs or activities that do not align with the MGF mission and objectives identified in the Mortgage Grant Administration Manual?

If the answer is 'Yes' to any of the above, the applicant is ineligible for the MGF.

All fields are required, unless otherwise noted.

Organization

Organization Information

Legal Name: \_\_\_\_\_ DBA: \_\_\_\_\_

Website(s): \_\_\_\_\_

NMLS Number, if applicable: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Head of Organization

Preferred contact checkbox

Name: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Email Address: \_\_\_\_\_

Business phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Point of Contact (if different than Head of Organization)

Preferred contact checkbox

Name: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Email Address: \_\_\_\_\_

Business phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_



**Organization Background**

Date Founded: \_\_\_\_\_ Number of part-time staff: \_\_\_\_ Number of full-time staff: \_\_\_\_

Federal Tax ID Number: \_\_\_\_\_

Texas Secretary of State Filing Number: \_\_\_\_\_

Geographic area your organization serves:

What is the primary purpose of your organization and how will it support the MGF program objectives?

What other organizations do you collaborate with? Briefly identify how. (If unapplicable, please enter N/A)

Has the organization applied for MGF funds before? Yes No

If yes, which grant cycle(s) and amount requested? \_\_\_\_\_

Has the organization received MGF funds before? Yes No

If yes, which grant cycle(s) and amounts received? \_\_\_\_\_

Unduplicated number of individuals served in prior reporting year (*if applicable*): \_\_\_\_\_

**Program Information**

What grant term are you applying for? \_\_\_\_\_ Amount Requested: \_\_\_\_\_

Date program founded/anticipated start date: \_\_\_\_\_

Is this an existing or new program? \_\_\_\_\_

This program is provided      Online      In Person      Both online and in person

Program Title: \_\_\_\_\_

Program Purpose: \_\_\_\_\_



What prerequisites are required for people to participate in the program? (i.e. – income range, target audience)

Outline the program's curriculum. Be sure to include timeframe, topics, continuing education.

How will the program continue after the grant period ends?



**Program Goals**

Clearly identify up to 3 goals, at least 1 is required, that will measure the program’s impact during the grant cycle.

**Goals must be specific, measurable, achievable, results-, and time-oriented.**

**Goal 1 Title:** \_\_\_\_\_

**Objective:** Description of what will be completed through the goal. (i.e. – Participants will successfully complete training classes.)

Activity	Implementation Timeframe	Measure of Accomplishment	Title of Person(s) Responsible
----------	-----------------------------	------------------------------	-----------------------------------

Achievements and Challenges *(for existing programs)*:

Required Resources:



**Goal 2 Title:** \_\_\_\_\_

**Objective:** Description of what will be completed through the goal. (i.e. – Participants will successfully complete training classes.)

Activity	Implementation Timeframe	Measure of Accomplishment	Title of Person(s) Responsible
----------	-----------------------------	------------------------------	-----------------------------------

Achievements and Challenges *(for existing programs)*:

Required Resources:



**Goal 3 Title:** \_\_\_\_\_

**Objective:** Description of what will be completed through the goal. (i.e. – Participants will successfully complete training classes.)

Activity	Implementation Timeframe	Measure of Accomplishment	Title of Person(s) Responsible
----------	-----------------------------	------------------------------	-----------------------------------

Achievements and Challenges *(for existing programs)*:

Required Resources:



**Program Staff**

Describe organization's capacity to deliver the program. Include a summary of key personnel/partners and their anticipated roles in the program. Attach biographies for key staff administering/implementing the program.

List any required certificates or continuing education the staff has completed or is seeking to help implement listed goal(s).

Indicate any anticipated, significant changes to the organizational structure, revenue stream or expenses in the next year.



**Program Budget**

Attach a budget narrative with the detailed budget proposal. The narrative should provide adequate detail for how the totals were calculated.

**Expenses**

<b>Budget Category</b>	<b>Total Projected Budget</b>	<b>Amount Requested from MGF</b>
Salaries and Wages	_____	_____
Fringe	_____	_____
Equipment	_____	_____
Supplies	_____	_____
Travel	_____	_____
Indirect Costs	_____	_____
Contractual	_____	_____
Other:	_____	_____
Total:	_____	_____

**Program Income**

List income that will be used in conjunction with the proposed MGF budget, to accomplish the listed goal(s).

<b>Source</b>	<b>Committed</b>	<b>Pending</b>
Corporations Donations	_____	_____
Foundation Fundraising	_____	_____
Events ( <i>net</i> ) Other	_____	_____
Grants Investment	_____	_____
Income Local	_____	_____
Government State	_____	_____
Government	_____	_____
Membership Income	_____	_____
Program Service Fees	_____	_____
Other:	_____	_____
Total:	_____	_____
Difference (Income less Expenses)	_____	_____



## Attachments

### Required

- Organization chart
- Organization governing members and affiliations
- Most recent IRS Form 990 (if applicable)
- Most recent financial statement (program audit, if applicable)
- Previous two years of tax returns (if applicable)
- Staff biographies, resume, and/or credentials of staff implementing grant project
- Proposed budget narrative

### Optional

- Example of evaluation and tracking tools
- Video showcasing program proposal (3 minutes or less)
- Supporting documents to demonstrate accomplishments/impacts (ex. Research findings, news articles, awards, letters of support)
- Grant performance reports (from prior completed grant programs)

## Certification of Authority and Compliance

I do hereby certify that the appropriate governing body or individual of this organization has given formal approval for submission of this application and that all figures, facts, and representations made in this application are true and correct to the best of my knowledge. Submission of this application signifies intention to comply with all guidelines and restrictions imposed by the Mortgage Grant Fund grant program and that the organization will comply with Title VI of the 1964 Civil Rights Act; the Drug Free Workplace Act of 1988; the Americans with Disabilities Act of 1990; the Age Discrimination Act of 1975; and Section 504 of the Rehabilitation Act of 1973. I certify that any funds received with this application will not be used for lobbying and will be expended for the project described, and I understand that the organization may be precluded from future Mortgage Grant Fund funding if I fail to submit a final report at the conclusion of the grant period in form and detail as required.

---

Signature

---

Print Name

---

Title

---

Date

**Texas Public Information Act:** As a state agency, the Department of Savings and Mortgage Lending (SML) is subject to, and complies with, the requirements of the Texas Public Information Act (Chapter 552 of the Texas Government Code). The information provided on this application and any other materials submitted to SML may be subject to public inspection or disclosure if requested under the Act. Certain confidential or exempt information may be specifically withheld by law, but any records not excepted must be provided when properly requested.